DOCUMENT# 702277		

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: THE ALLIANCE COMMUNITY FOR RETIREMENT LIVING, INC.

Current Principal Place of Business:

600 SOUTH FLORIDA AVENUE DELAND. FL 32720

Current Mailing Address:

600 SOUTH FLORIDA AVENUE DELAND, FL 32720

FEI Number: 59-0817603

Name and Address of Current Registered Agent:

ANDERSON, WILLIAM A 600 S. FLORIDA AVE. DELAND, FL 32720 US

Certificate of Status Desired: Yes

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	CD	Title	VD
Name	DUSS, DONNA J	Name	DYS, PETER
Address	5608 GOVERNOR'S PD. CIR	Address	15000 SHELL POINT BLVD
City-State-Zip:	ALEXANDRIA VA 22310	City-State-Zip:	FT MYERS FL 33908
Title	TD	Title	D
Name	SCOTT, R. MIKE	Name	HUGHES, CHARLES
Address	2525 N. 117TH AVENUE	Address	P.O. BOX 720430
City-State-Zip:	OMAHA NE 68164	City-State-Zip:	ORLANDO FL 32872
Title	SD	Title	D
Title Name	SD CASS, PAUL	Title Name	D MINTER, STEVEN
	-		-
Name	CASS, PAUL 101 EAST STATE STREET	Name	MINTER, STEVEN 4132 DUKE DRIVE
Name Address	CASS, PAUL 101 EAST STATE STREET	Name Address	MINTER, STEVEN 4132 DUKE DRIVE
Name Address City-State-Zip:	CASS, PAUL 101 EAST STATE STREET KENNETT SQUARE PA 19348	Name Address City-State-Zip:	MINTER, STEVEN 4132 DUKE DRIVE PORTSMOUTH VA 23703
Name Address City-State-Zip: Title	CASS, PAUL 101 EAST STATE STREET KENNETT SQUARE PA 19348 DIRECTOR	Name Address City-State-Zip: Title	MINTER, STEVEN 4132 DUKE DRIVE PORTSMOUTH VA 23703 DIRECTOR
Name Address City-State-Zip: Title Name	CASS, PAUL 101 EAST STATE STREET KENNETT SQUARE PA 19348 DIRECTOR EASTMAN, RONALD E 1200 MISTLETOE CT	Name Address City-State-Zip: Title Name Address	MINTER, STEVEN 4132 DUKE DRIVE PORTSMOUTH VA 23703 DIRECTOR WHITE, ARCHIE

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM ANDERSON

CEO

01/25/2013

Date

Electronic Signature of Signing Officer/Director Detail

FILED Jan 25, 2013 Secretary of State CC6027435175

Date

Officer/Director Detail Continued :

Title	CEO	
Name	ANDERSON, WILLIAM A	
Address	600 SOUTH FLORIDA AVENUE	
City-State-Zip:	DELAND FL 32720	